. S. No. 2
0M—2-43
v. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34005

Registration District No. 72 Primary Registration District No. 4289 Registrar's No. 116

1. PLACE OF DEATH:
(a) County Clay County Gallatin Mo
(b) City or town Linden / Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none. (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Platte 83
(c) City or town Rural 5 miles N. East. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country No

3. (a) PRINT FULL NAME Sarah Emma Riggs
3. (b) If veteran, name war none.
3. (c) Social Security No. none.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Andrew Riggs
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan (Month) 31 (Day) 1876 (Year)

8. AGE: Years 70 Months 8 Days 10 If less than one day hr. min.
9. Birthplace De Cater (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation housework.
11. Industry or business home
FATHER
12. Name Ambrose Lane /
13. Birthplace dont know (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Nancy Mildred Mattox
15. Birthplace dont know (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant W. E. Riggs
(b) Address Linden Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14-47. (Month) (Day) (Year)
(c) Place: burial or cremation Parkville Mo
18. (a) Signature of funeral director Leland H. Francis
(b) Address 401 main st. Parkville Mo
19. (a) Oct 14-1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1947 hour 9 minutes 30 P. M.
21. I hereby certify that I attended the deceased from Oct 3, 1947, to Oct. 11, 1947;
that I last saw her alive on Oct 11, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Cardiac Decompensation	
Due to Anemia - complicated with acute Indigestion	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
95C

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A. L. Johnson (M. D. or other) MD
Address Goshland Mo Date signed 10-15-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-27-47

Leland Francis
401 Main St
Parkville
Mo

Dr. Johnson
Kansas City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leland G. Francis

Licensed Embalmer No. 3457

P. O. Address Parkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.